

South Carolina Department of Health and Human Services

OCWI Worksheet

Primary Individual:		First		Middle		Last		Household Number	
Date Received:		<input type="checkbox"/> Application		<input type="checkbox"/> Review		<input type="checkbox"/> Re-budget			
<input type="checkbox"/> Pregnant Woman		<input type="checkbox"/> Infant Under Age One		<input type="checkbox"/> Child					
Budget Group (BG) Name		DOB		Relationship		Marital Status		Non-Financial Criteria Met	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.								<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.								<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.								<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.								<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.								<input type="checkbox"/> Yes <input type="checkbox"/> No	
Section I: Computation of Income						Section II: Pregnant Minor Budgeting			
Name of Applicant						1. Gross Earned Income		\$	
<<<Earned Income>>>						2. Earned Income Disregard		\$	
						3. Subtotal (1-2)		\$	
						4. Gross Unearned Income		\$	
1. Gross Earned Income (Include "EIC" if applicable)		\$	\$	\$	\$	5. Subtotal (3+4)		\$	
2. Earned Income Standard Disregard		\$	\$	\$	\$	6. OCWI Need Level Amount for Household Tax Dependents not in BG & Parent(s).		\$	
3. Subtotal (1 - 2)		\$	\$	\$	\$	7. Child Care Paid		\$	
<<<Unearned Income>>>						8. Amount Paid to Tax Dependents Outside the Household		\$	
						9. Alimony Paid		\$	
						10. Child Support Paid		\$	
4. Child Support Payments (Disregard First \$50)		\$	\$	\$	\$	11. Subtotal (6+7+8+9+10)		\$	
5. SSA Benefits		\$	\$	\$	\$	12. Parent's Net Income (5-11)		\$	
6. VA Benefits		\$	\$	\$	\$	The result from line #12 is deemed income to the pregnant minor. The deemed income amount should be reflected on line 9 of Section I, Computation of Income.			
7. UCI Benefits		\$	\$	\$	\$				
8. Contributions		\$	\$	\$	\$	Section III: Stepparent Budgeting			
9. Deemed Income		\$	\$	\$	\$	1. Gross Earned Income		\$	
10. Other		\$	\$	\$	\$	2. Earned Income Disregard		\$	
11. Gross Unearned Income (4+5 +6+7+8+9+10)		\$	\$	\$	\$	3. Subtotal (1-2)		\$	
12. Subtotal (3 + 11)		\$	\$	\$	\$	4. Gross Unearned Income		\$	
						5. Subtotal (3+4)		\$	
						6. OCWI Need Level Amount for Household Tax Dependents not in BG & Stepparent(s).		\$	
Section IV: Final Determination						There may be an allocation to the stepparent if 5 is less than 6. Determine which is less, the amount in 6 or the stepparent's pro rata share of the spouse's income. Allocate the amount necessary to bring 5 up to the lesser amount.			
1. Income of All BG Members from Section I, Line 12		\$							
2. Total Child Support or Alimony paid by BG Members		\$				7. Child Care Paid		\$	
3. Allocation to Children not in BG		\$				8. Amount Paid to Tax Dependents outside the Household		\$	
4. Child Care Paid		\$				9. Alimony Paid		\$	
5. Incapacitated Adult Care Paid		\$				10. Child Support Paid		\$	
6. Total Deductions (2+3+4+5)		\$				11. Subtotal (6+7+8+9+10)		\$	
7. Total Net Income (1 - 6)		\$				12. Parent's Net Income (5-11)		\$	
8. Need Level Amount		\$				If net income exceeds the OCWI need level for 1 person the natural parent is excluded from the BG.			
Remarks									
Section V: Budget Summary									
BG Size		OCWI Need Standard		Countable Net Income		Countable Resources are: <input type="checkbox"/> Below \$30,000 <input type="checkbox"/> Above \$30,000			
		\$		\$					
Eligible for Retroactive Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, indicate Retroactive Month(s) covered:					
Section VI: Case Disposition								<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Closed <input type="checkbox"/> Continued Eligible	
Eligibility Worker's Signature		Decision Date		Date of Eligibility					